

***Please note: This form must be faxed to State Personnel Benefits Division in the same week that the benefits are entered into PeopleSoft. Fax # 317-232-3011**

State of Indiana

Non-Tobacco Use Agreement and Request for Deductible Reduction
For Plan Year 2009

In exchange for a \$500.00 reduction in my state employee group health insurance deductible:

1. I agree to abstain from the use of any tobacco products during 2009.
2. I understand that in order to receive the reduction in the deductible, I may be subject to testing for nicotine, and I agree to submit to such testing;
3. I understand that if I fail to honor this agreement, the full insurance deductible will apply to my 2009 health care expenses. This consequence will occur whether my failure is self-identified or determined by the State.
4. I understand that dishonesty may result in disciplinary action up to and including termination.

☐ I accept

☐ I decline

Print Name

Agency Name

Signature

Date

Employee ID